

HAWAII STATE ETHICS COMMISSION  
1001 BISHOP STREET, PACIFIC TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

### PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
Arcena	Paula		536-7702 x100
MAILING ADDRESS (Street)			FAX
1360 S. Beretania St. 2nd floor			528-2376
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96814	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Hawaii Medical Association			536-7702
MAILING ADDRESS (Street)			FAX
1360 S. Beretania St. 2nd floor			528-2376
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96814	

### PART II ORGANIZATION

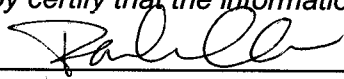
Same as above		
MAILING ADDRESS (Street)		
FAX		
(City)	(State)	(Zip Code)
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		
TELEPHONE		
MAILING ADDRESS (Street)		
FAX		
(City)	(State)	(Zip Code)

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

<input type="checkbox"/> Agriculture	<input checked="" type="checkbox"/> Education	<input checked="" type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

**PART IV CERTIFICATION OF LOBBYIST**

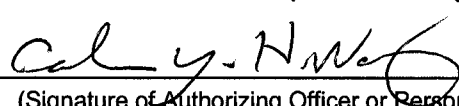
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

1/13/03  
(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME Calvin Wong, MD		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President, HMA	
NAME OF ORGANIZATION (if applicable) Hawaii Medical Association		TELEPHONE 522-7222 office 536-7702 HMA	
MAILING ADDRESS (Street) 1360 S. Beretania		FAX	
(City) Honolulu	(State) HI	(Zip Code) 96814	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
 (Signature of Authorizing Officer or Person Represented)		1/13/03 (Date)	